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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	and New Employees distative RESOURCE CENTER
Name: Lyndi Hanson		
New Member of or Candidate for State:	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF	ESPONDING SCHEDULE IF YOU ANSWER "YES" HE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🔲 No 🔀
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they mentee on Ethics.	et all three tests for Yes 🔲 No 🔀

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ets and/or income Sources	BLOCK A	EDULE A – ASSETS & "UNEARNED INCOME"	
Value of Asset	BLOCK B	NEARNED INCOME"	
Type of Income	BLOCK C	Name: (ynd	
Amount of Income	BLOCK D	li Hanson	
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usen Accounts	Stouckerd Federal Credit	TIANCREF Life Cyde 2035	Inon Public Empl. Retirement	ABC Hedge Fund	Examples: Simon & Schuster	Mage Corp Stock		if you so choose, you may indicate that an asset or income source is that of your spouse (SP) adependent child (DC), or jointly held with anyone (JT), in the optional column on the fair left. For a detailed discussion of Schadule A requirements, please refer to the instruction booklet.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF box.	Exclude: Your personal residence, including secont fromes and vacation fromes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "nental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the lotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only licker symbols).	which generated more than \$200 in income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income	Assets and/or income Sources	BLOCK A
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Name: Cyndi Harson

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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	Page 4 of 6	
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	1	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
╝	Honoradum	0\$	\$500 \$76.000
Examples: Sule or wayyand Cod. 2) Civil War Roundtable (Oct. 2) Onland County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
	Salaru	21,978,12	
Seif-Employment Honson Tax	Self-Employment	2,200,5	2,678,00
Distribution from IRA	1RA Withdrawal	13,890 ==	0

SCHEDULE D - LIABILITIES

Name: Cyndi Hanson

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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			 Sioux	Exemple	~		
			Snowland Federal Credit Union	First Bank of Wilmington, DE	Creditor		
			3/18	5/98	Date Liability Incurred MO/YR		
			Personal Loan on Auto	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
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					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Secretory	Siouxland Christian School
Sola Propriétor	Honson Tax Services
Commissioner	Sioux City Civil Service Commission
COMMISSIONA	Isaa Commission on Volunteer Service
Board Secretary	Sionx City Branch NAACP

SCHEDULE F - AGREEMENTS

	Name:
1	Name: Cundi
	Marson
	Page 6 of 6

	Date	identify the date, parties to, and continuation or deferral of paym employer.
None	Parties to Agreement	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.
	Terms of Agreement	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	None	